

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

P 511960-A

A 43317

DISTRICT _____

DATE 6/21/99

DATE SYSTEM APPROVED 9/15/99

INSPECTOR DKS

*6/23/99
open trench
Rody > 1 PM
6/24/99
pm optional
9/13/99
3:00
9/15 Pump Test 3:00 (2:00)
04-354400*

INDEXED

Sk Backhoe & Septic Services

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FKS Highway, Keymar, Maryland 21757

cell - 443 324 1589
PHONE 301-898-0955

SUBDIVISION Pleasant Hills LOT 3 ROAD 1999 Long Corner Road

PROPERTY OWNER Stysley Homes, Inc.

**BUILDING PERMIT SIGNED
AND RETURNED**

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK REQUIRED

call 604 800 1489 09 - DECK + PORCH

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 410 feet down the right (558.29') lot line and 75 feet off the same lot line as seen when facing the lot from Watkins Way. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5/16/99 OK SW

OK to put 4-70's on tank / S.O.A. by 10", but open trench in operation required - changed to do Bestman, call if trench bottom is too rocky, No one available 10/22 for the spectra 11/6/99

PLANS APPROVED BY Donna K. Soe

DATE 4-16-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR A2S

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

43317

APPLICATION

3/15/99
10:00
3/9/99

PERCOLATION TESTING

A 511396

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*Proposed Replacement
of Platred Sewage
Easement for House
Location Purposes*

DISTRICT 4TH
DATE 2/5/99

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER STYSLEY HOMES INC

ADDRESS 16445 OLD FREDERICK RD. PHONE 410-442-2190

AGENT OR PROSPECTIVE BUYER MICHAEL T. STYSLEY

ADDRESS 16445 OLD FREDERICK RD PHONE 410-442-2190
410-499-9094-CELL

PROPERTY LOCATION:

SUBDIVISION PLEASANT HILLS LOT NO. 3

ROAD AND DESCRIPTION ~~WATKINS WAY~~ ¹⁹⁹⁹ OFF LONG CORNER RD. (M.A.W.)

TAX MAP 6#12 PARCEL # 5

SIZE OF LOT 3.002 AC. TYPE BLDG. SINGLE-FAMILY - 4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGN U
AND RETURNED 4-16-1999
Serial # B10.117257

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

APPROVED BY _____ FOR *Michael T. Stysley* DATE _____
(SIGNATURE OF APPLICANT)

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

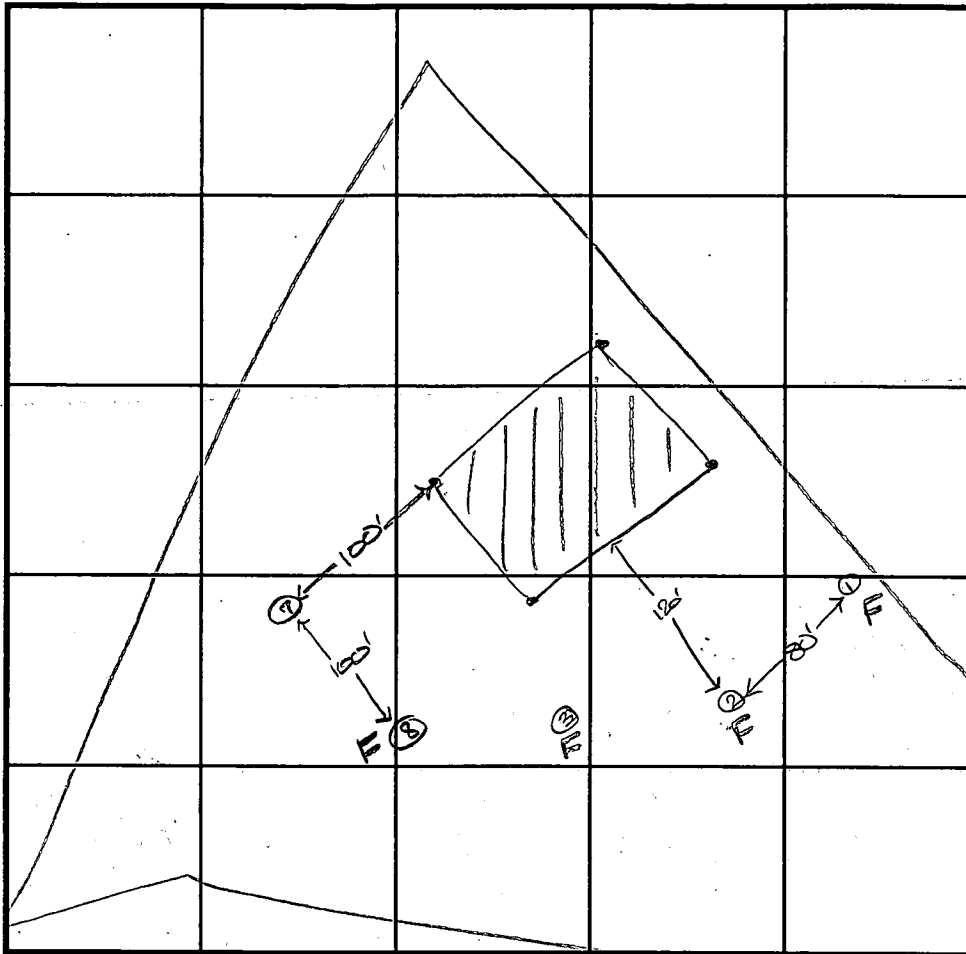
SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.



SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE-LINE.
Long Corner Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-9-99	1	9.5'D	Refusal	- See profile			FAIL
	2	11.5'D	Refusal	- See profile			FAIL
	3	8.5'D	Refusal	- See profile			FAIL
	7	10.5'D	Visual	- See profile			OK
	8	9.0'D	Refusal	- See profile			FAIL

REMARKS corners of ex. septic area were staked

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT M. Stysley ^{Kenny} _{Travis}

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 43317

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

CALL J.F. w/ dates
arrived
12/19/88
1PM²

DISTRICT 47H

DATE 1-4-89

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Nelvon M. Watkins

ADDRESS 26311 Howard Chapel Road PHONE (301) 859-0563
Damascas, MD 20878

PROSPECTIVE BUYER Standard Management Corporation

ADDRESS 10324-B Baltimore National Pike PHONE (301) 461-6777
Ellicott City, MD 21043

PROPERTY LOCATION:

SUBDIVISION Pleasant Hills LOT NO. X 3

ROAD AND DESCRIPTION Off of Long Corner Road

TAX MAP 12 PARCEL # 5

SIZE OF LOT 3.0 Ac. TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Erid K...
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

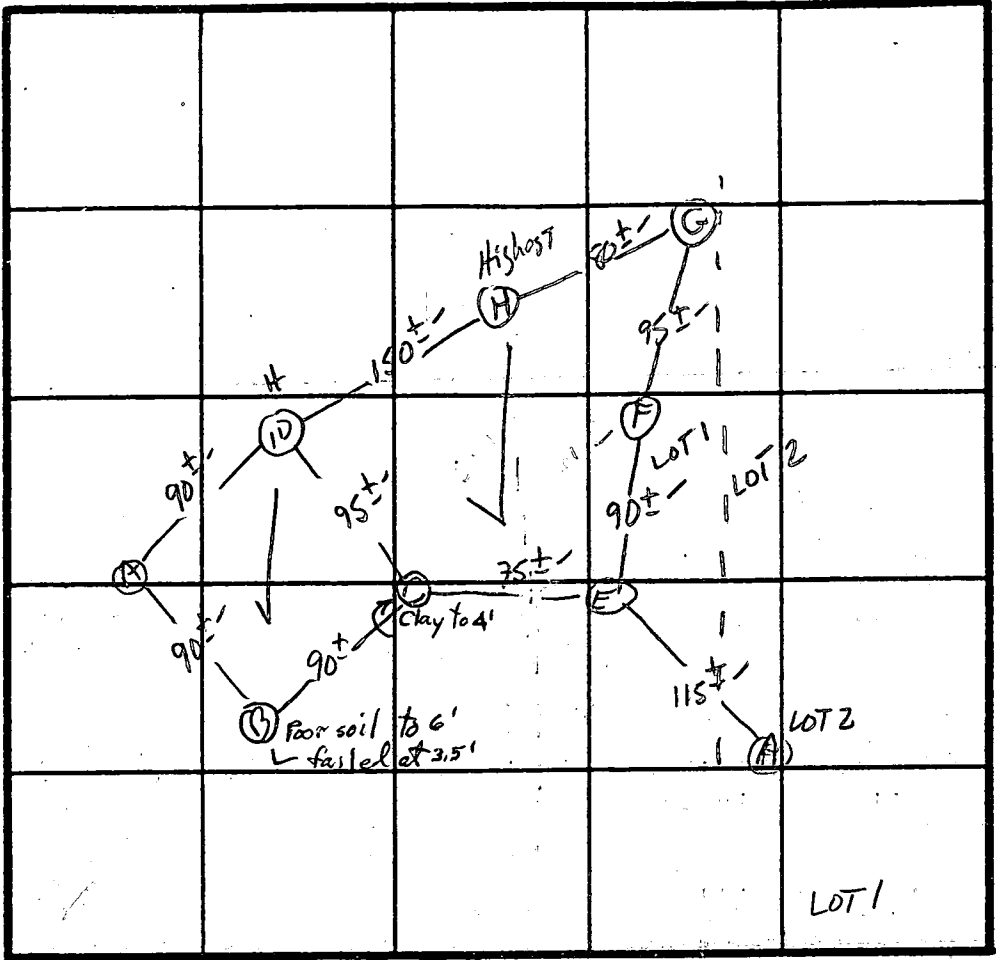
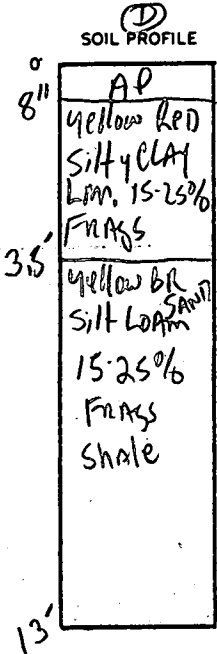
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-26-89 PRC SATISFACTORY - AREA TO BE SPLIT FOR BOTH
LOTS 1+2. Hold for Sub. Plat. S. April

HD-216

THIS IS NOT A PERMIT

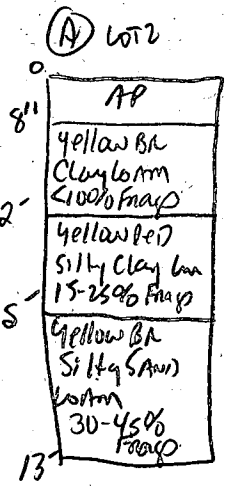
A-43317



X PERC 7MIN
210 #/BK
IN LOT 3.5'
BOTTOM 5.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LONG CORNER Rd.

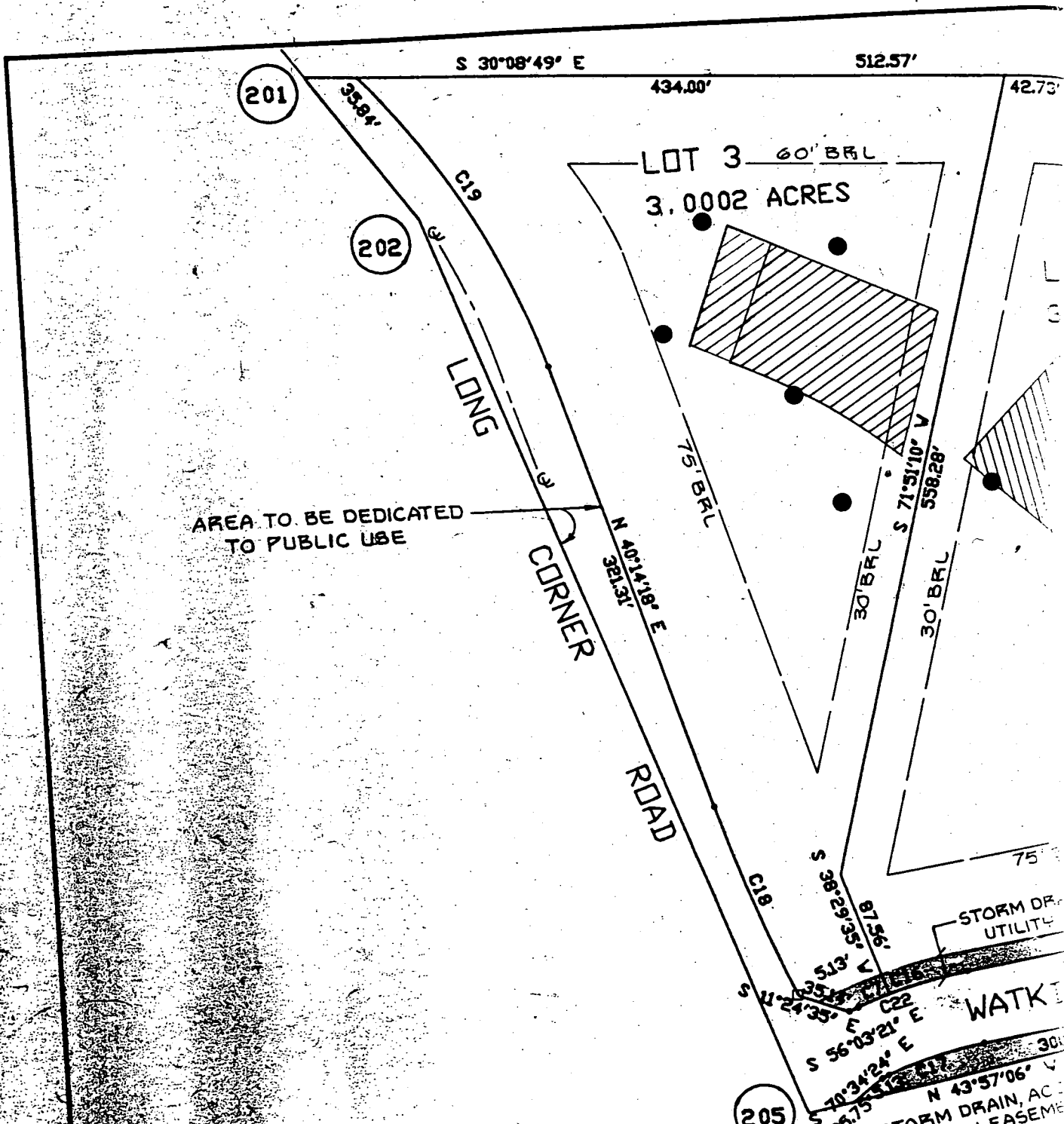


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
1/21/89	D S	4'	10:11	10:13	10:13	10:20	7min	
	D M	9'	10:12	10:14	10:14	10:18	4min	
	D V	13'	AS profiled					
	X B S	5.5'	10:13	700 Slow Pulled	- OK BELOW LOT		NO FURTHER TEST DONE	
	B V	12.5'	10:13	PLACING TO 5'	SIMILAR TO D WITH LESS FRAG			
	A V	12.5'	Profile similar to D coarse frag 25-40% AT 12'					
	C S	5'	10:12	10:14	10:14	10:17	3min	
	C V	13'	similar to	Profile w/ less frag	L.A.P. Chazou clay to 4'			
	E S	4.5'	10:18	10:21	10:21	10:24	3min	
	E V	11.5'	similar to # C					
	F S	3.5'	10:24	10:26	10:26	10:30	4min	
	F V	11.5'	similar to C + E					
	G S	3.0'	10:31	10:33	10:33	10:40	7min	
	G V	11.5'	similar to F					
	H S	3.0'	10:33	10:35	10:35	10:38	3min	
	H V	11.5'	similar to F					
	LOT 2 A S	5.5	10:19	10:35	10:35	11:00	25min	
	A V	13	AS profiled					

REMARKS SHALLOW SYST ONLY
HOLES FOR STAKE AND APPROX PLAT. A-D EXTRAS E-G

TYPE OF SOIL Clayey to me. ARG

TESTED BY S. Noel ALSO PRESENT JACK / Rocky / Jeff Allan



CURVE TABLE

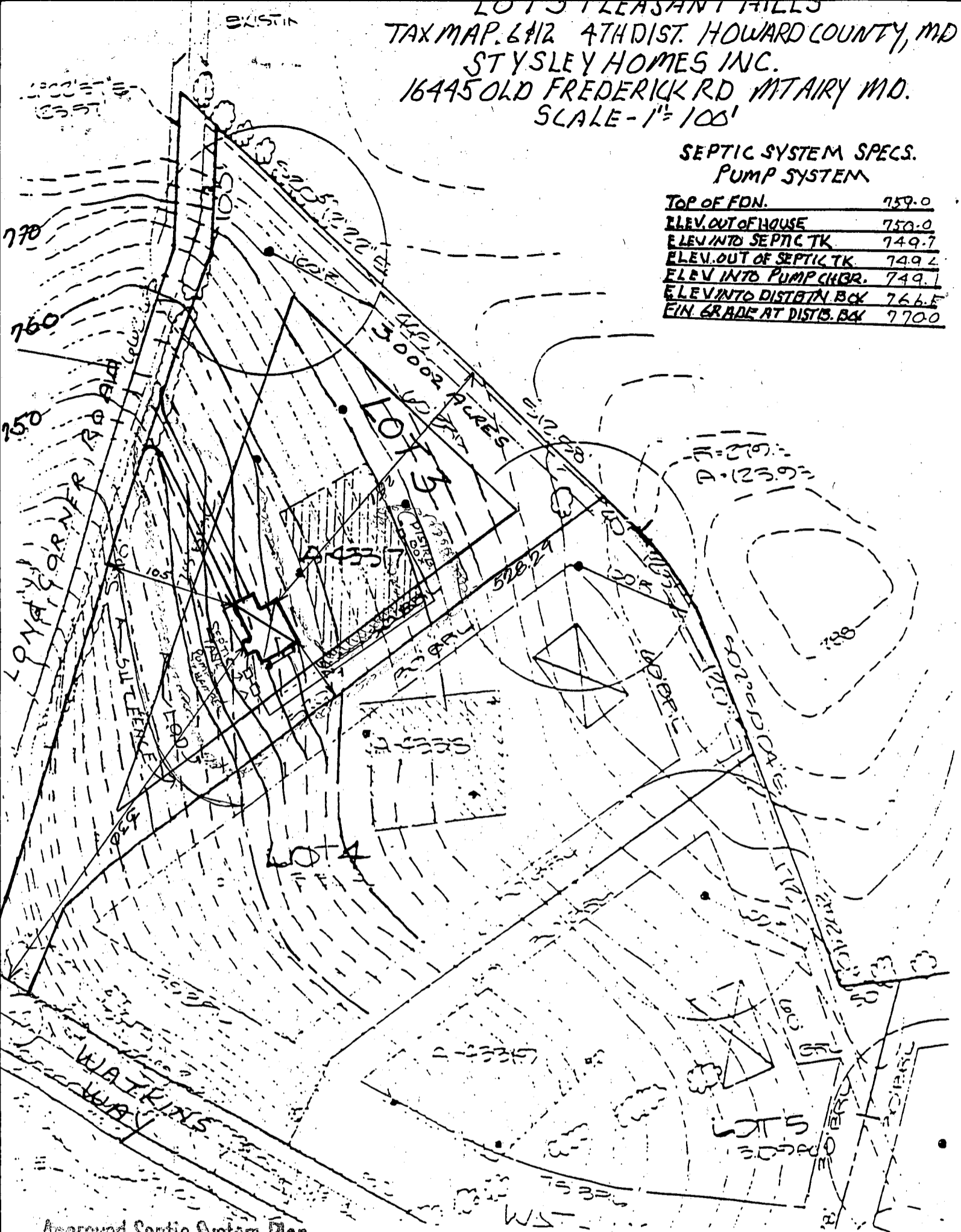
CURVE#	RADIUS	LENGTH	CHORD	CHORD BEARING	DELTA ANGLE	TANG
C7	315.00'	25.01'	25.00'	S 53°46'52" E	04°32'55"	12
C8	475.00'	199.29'	197.83'	S 53°39'52" E	24°02'18"	101
C9	425.00'	178.31'	177.00'	S 53°39'52" E	24°02'18"	90

205

LOTS 1 PLEASANT HILLS
 TAX MAP 6412 4TH DIST. HOWARD COUNTY, MD
 STYSLEY HOMES INC.
 16445 OLD FREDERICK RD MTAIRY MD.
 SCALE - 1" = 100'

SEPTIC SYSTEM SPECS.
 PUMP SYSTEM

TOP OF FON.	759.0
ELEV. OUT OF HOUSE	750.0
ELEV INTO SEPTIC TK.	749.7
ELEV. OUT OF SEPTIC TK.	749.2
ELEV INTO PUMP CHGR.	749.1
ELEV INTO DISTRIBUTN BOX	766.5
FIN. GRADE AT DISTB. BOX	770.0



Approved Septic System Plan
 Howard County Health Department

Total linear feet of trench
 required 280 feet
 Width of trench (es) 3 feet
 Depth of trench (es) 5.0 feet
 Depth of stone required below
 distribution pipe 1.5 feet

Signature _____

Date _____

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00117257

Building Address: 1499 LONE CUPPER RD
MAARY 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract: 6040 Subdivision: PLEASANT HILLS

Section: _____ Area: _____ Lot: 3

Tax Map: 105H6 Parcel: S Grid: 4 2 2

Zoning: RC-DEP Map Coordinates: 2 U3 Lot size: 3,402 AC.

Property Owner's Name: STYSLEY HOMES INC

Address: 16445 OLD FREDRICK RD

City: MT AIRY State: MD Zip Code: 21771

Home Phone: 410-442-2170 * Work Phone: 410-442-9074

Applicant's Name & Mailing Address (if other than stated hereon): _____

Phone: _____ Fax: _____

Existing Use: SINGLE FAMILY LOT

Proposed Use: SINGLE FAMILY HOME OUTLOT

Estimated Construction Cost: \$ 1,25,000

Description of Work: TO BUILD A
HOUSE - 2 STORY FULL BASEMENT, 4 BED ROOM, 2 BATH
1 1/2 BATH, 2 CAR GARAGE, OPTIMUM, OPTRACK

Contractor Company: STYSLEY HOMES INC

Contact Person: MICHAEL STYSLEY

Address: 16445 OLD FREDRICK RD #

City: MT AIRY State: MD Zip Code: 21771

License No: _____

Phone: 410-442-2170 Fax: 410-442-2170*51

Occupant or Tenant: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Engineer or Architect Company: _____

Contact Person: ESTUANI PETER ANGLE

Address: 15 WEST FIFTH STREET

City: FREDERICK MD State: MD Zip Code: 21721

Phone: 301-674-3071 Fax: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SE Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>42'-0"</u> <u>12'-0"</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>42'-0"</u> <u>52'-0"</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>42'-0"</u> <u>30'-0"</u>	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	State Certified Modular <input type="checkbox"/>
Multi-family dwellings: _____	Manufactured Home <input type="checkbox"/>
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY, NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]

Print Name: MICHAEL T STYSLEY
 Date: 1-15-99

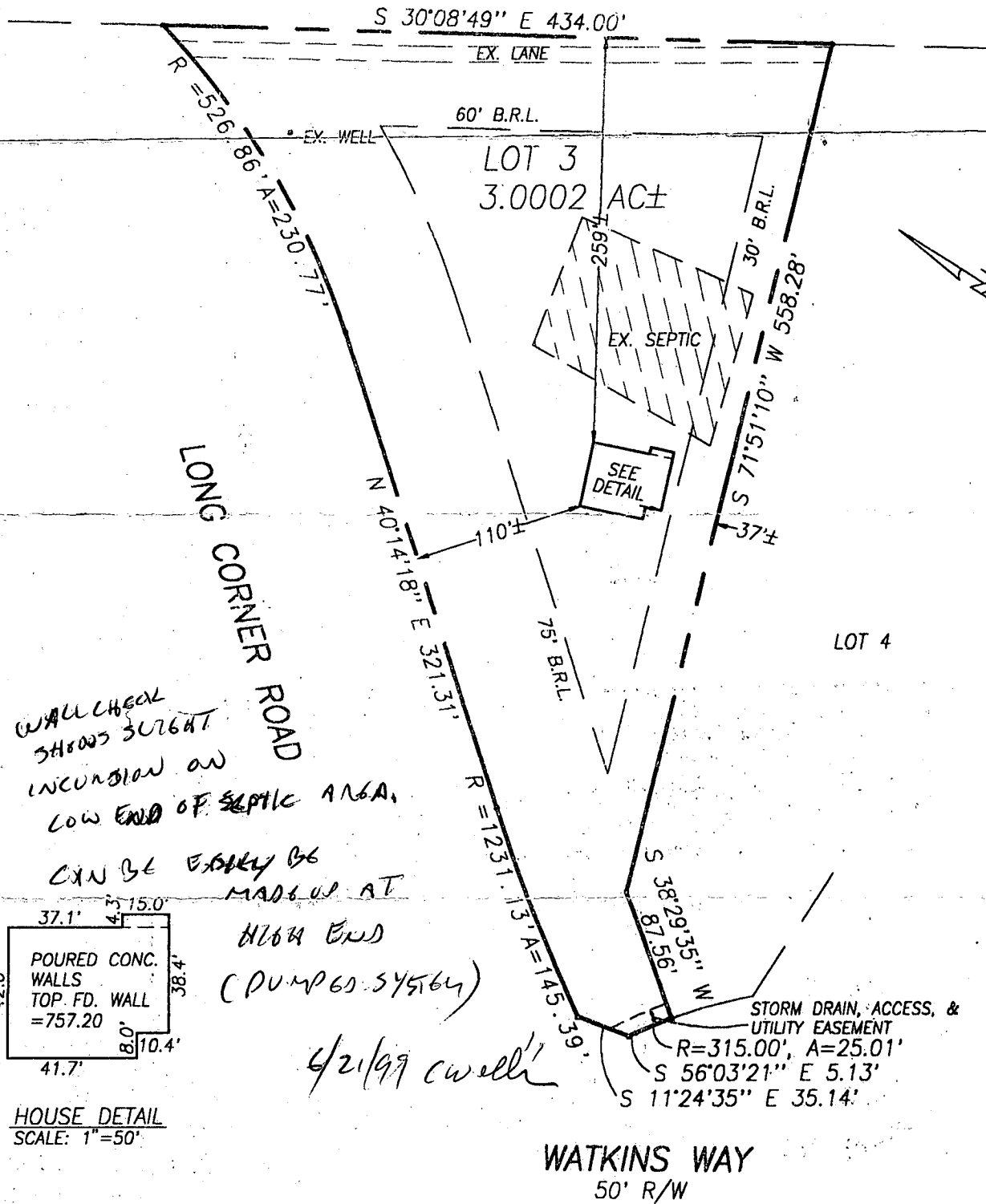
Title/Company: _____ Date: _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **

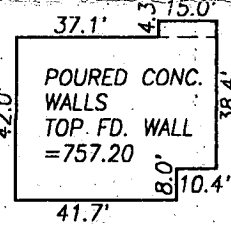
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DFZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development - DPZ			Front: _____	<u>10621</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering - DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>11654</u>
			Accepted by _____	Validation # _____

N/F
D.L. SHAPIRO
L. 1084, F. 139



WALL CHECK
SHOWS 30' B.T.
INCURSION ON
LOW END OF SEPTIC AREA,
CAN BE EASILY BE
MADE UP AT
HIGH END
(PUMP 60-54564)



HOUSE DETAIL
SCALE: 1"=50'

4/21/99 cwell

WALL CHECK DRAWING
LOT 3
PLEASANT HILLS
1999 LONG CORNER ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1"=100' MAY, 1999



- NOTES:
1. FOOTINGS AND FOUNDATION ARE IN PLACE AS SHOWN.
 2. TOP OF FOUNDATION ELEV. = 757.20
 3. ELEVATIONS ARE BASED ON USGS BM D-87 (ELEV. 780.20).

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street P.O. box 328
Mount Airy, Maryland 21771
(301) 829 2890 (301) 831 5015 (410) 549 2751

REFERENCE	JOB NO.
PLAT 10511	98-4278

File name: T:\EP\JOBS\98-4278\LOTS\LOT3WC



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 18, 1999

Stysley Homes, Inc.
16445 Old Frederick Road
Mt. Airy, Maryland 21771

RE: Percolation Testing for Septic Area
Relocation
Pleasant Hills, Lots #3 and #4
Watkins Way

Dear Mr. Stysley:

Percolation testing conducted March 9, 1999, on the above referenced properties for relocation of the originally approved septic areas indicated overall unsatisfactory soil conditions. Copies of the test results are enclosed.

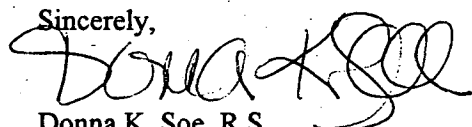
If you wish reconsideration, further review is contingent upon submission by a registered engineer (or licensed surveyor) of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site for each lot.

This plan should be submitted within sixty (60) days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the address below or by calling (410) 313-2640.

3/23/99

I met w/ Mr. Williams
to review my test notes -
it was determined that
the rough drawings submitted
3/15/99 are not suitable (see
above for more info)

DKS
Enclosure
cc: file

Sincerely,

Donna K. Soe, R.S.
Water and Sewerage Program

Thanks
Kim

**STYSLEY HOMES INC.
16445 OLD FREDERICK ROAD
MT. AIRY MD.
410-442-2190**

RECEIVED

MAR 15 1999

HOWARD COUNTY HEALTH DEPT

March 15, 1999

Howard County Health Dept.
3525-H Ellicott Mills Drive
Ellicott City, Md. 21043-4544
Attn: Kim Soe

Re: Septic area relocation
Lot 3 and 4 Pleasant Hills

Dear Ms. Soe:

As per our conversation Friday, I am submitting copies of the well location for lot 3, which I have decided to leave in the original location. I am also submitting two proposals for lot 3's septic area for your review and a tentative proposal for lot 4. Lot 3 is schedule to begin construction as soon as possible lot 4 is not schedule. As previously discussed, I would like to take a few minutes of your busy schedule and come in to your office and discuss these proposals with you. Please contact me at your earliest convenience. I appreciate your consideration in this matter.

Yours truly,


Michael T. Stysley

PROPOSAL 1 FOR LOT 3 PLEASANT HILLS

GRAVITY SYSTEM

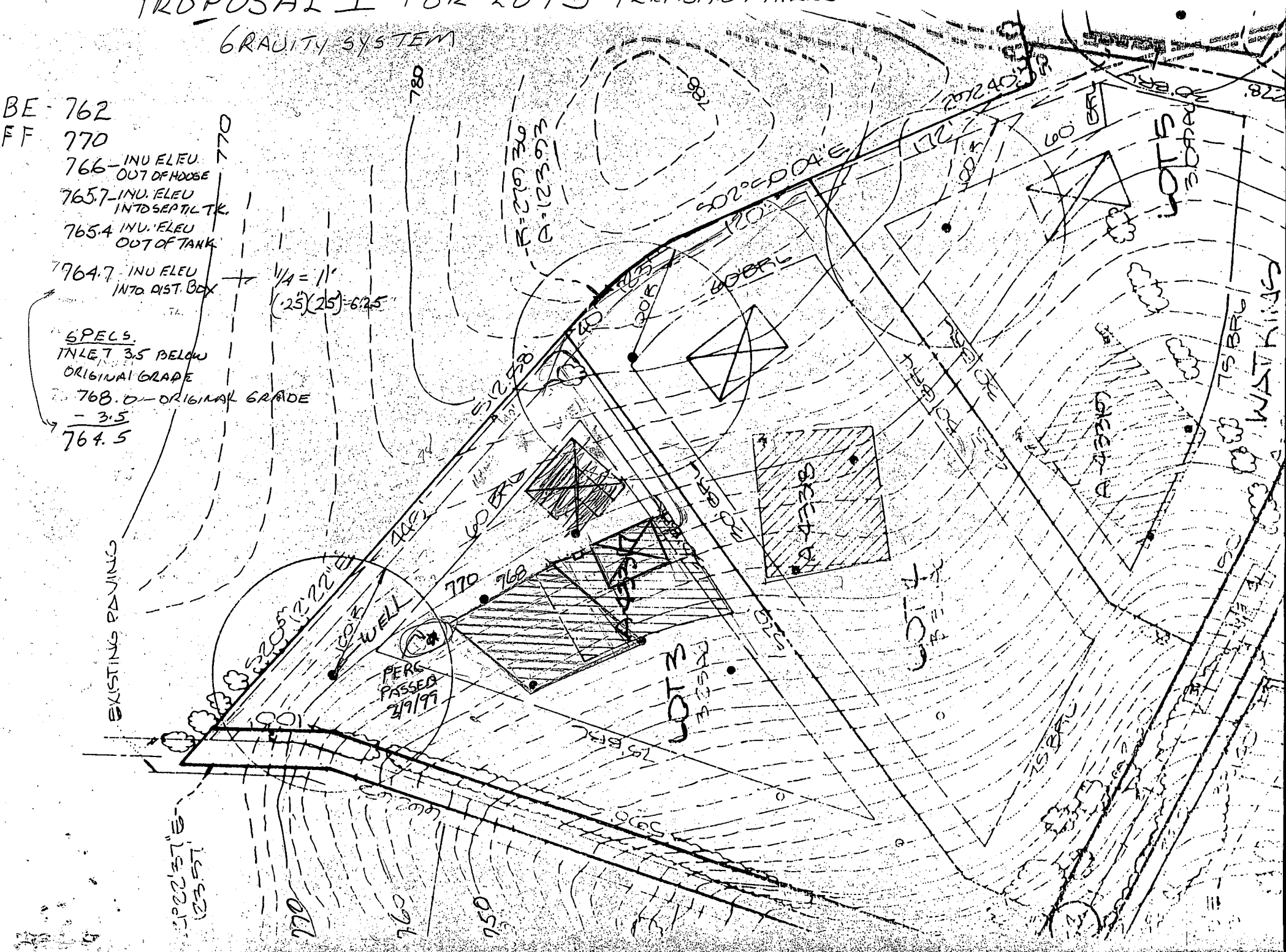
BE - 762
FF - 770

- 766 - INU. ELEU. OUT OF HOUSE
- 765.7 - INU. ELEU INTO SEPTIC TK.
- 765.4 - INU. ELEU OUT OF TANK
- 764.7 - INU. ELEU INTO DIST. BOX

$\frac{1}{4} = 11'$
 $(.25)(25) = 6.25'$

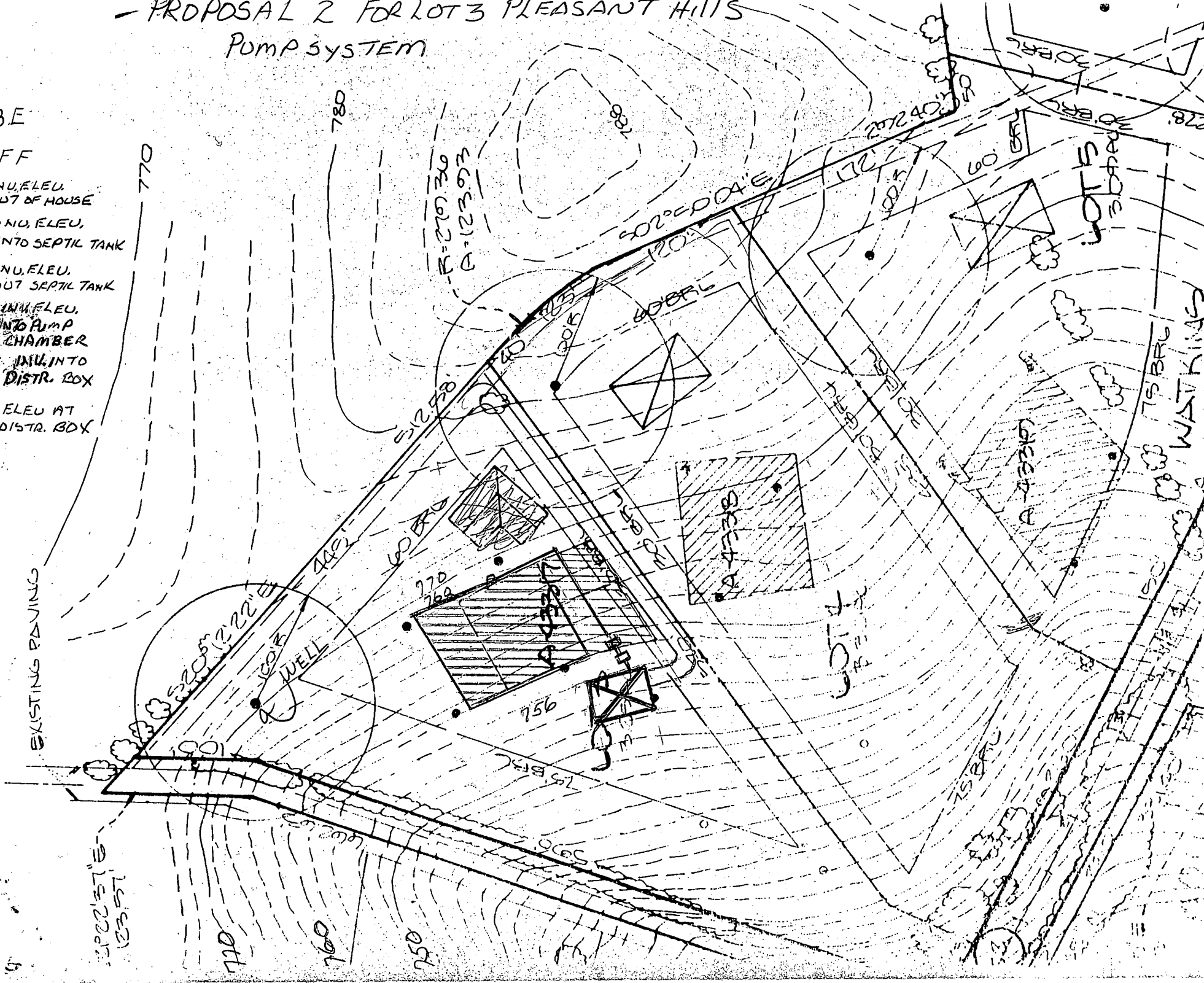
6 PELS.
INLET 3.5 BELOW ORIGINAL GRADE
768.0 - ORIGINAL GRADE
- 3.5
764.5

EXISTING PAVING



- PROPOSAL 2 FOR LOT 3 PLEASANT HILLS PUMP SYSTEM

- 750 - BE
- 758 - FF
- 754 INU. ELEU.
OUT OF HOUSE
- 753.7 INU. ELEU.
INTO SEPTIC TANK
- 753.5 INU. ELEU.
OUT SEPTIC TANK
- 753.2 INU. ELEU.
INTO PUMP
CHAMBER
- 764.5 INU. INTO
DISTR. BOX
- 768 ELEU AT
DISTR. BOX



C1 06700 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 43317

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 3 30 99

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO 94-2202

OWNER STASION MICHAEL STREET OR RFD WATKINS WAY TOWN MT AIRY SUBDIVISION Pleasant Woods SECTION LOT 2

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: TOP SOIL, BROWN SHAL, SANDSTONE, GRAY SLATE, SANDSTONE, GWT WATER.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 13 NO. OF POUNDS 1222

PUMPING RATE (gal. per min.) 4.0 METHOD USED TO MEASURE PUMPING RATE Submersible

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing 6 1/4" Total depth of main casing 50

BEFORE PUMPING 53 ft. WHEN PUMPING 110 ft. TYPE OF PUMP USED (for test) S submersible

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

OTHER CASING (if used) diameter inch depth (feet) from to

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DEPTH (nearest ft.) 49 300

PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47

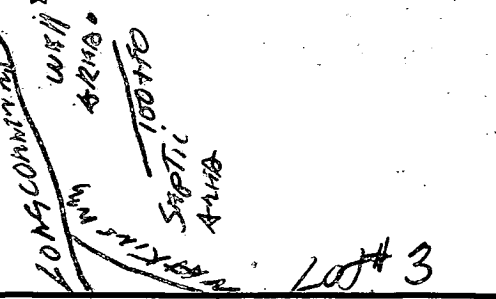
DRILLERS LIC. NO. 1 MS D 143 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

DIAMETER OF SCREEN (NEAREST INCH) 56 60

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 6426 SEQUENCE NO. (MDE USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-2202 fill in this form completely

OWNER INFORMATION Date Received (APA) 03/01/99 8 MM DD YY 13 15 Last Name Owner, First Name 34 16445 Old Freedom Rd 36 Street or RFD 55 Mt Airy MD 21771 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 HOWARD 8 COUNTY 21 Pleasant Hills 23 SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 Mt Airy 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I I 73 76 77 78

DRILLER INFORMATION Driller's Name Perry Harley M SD 143 76 License No. 81 Firm Name Harley Drilling & Pump Systems Address P.O. Box 160 Walkersville MD 21793 Signature Perry Harley Date Feb 24 99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 1 2 LONG CORNER RD 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 200 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

WELL INFORMATION B 2 APPROX. PUMPING RATE 3 GAL PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

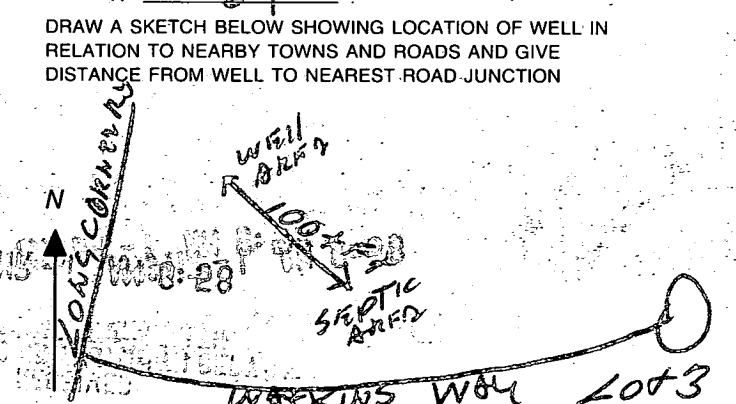
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A43317 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/18/99 41 CO-SIGNATURE 3/17/00 EXP. DATE NORTH GRID 539 0:00 EAST GRID 0755 0:00 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 755 N 580 000 000 3/30/99 10:00 NO INS LONG CORNER RD WALKERS WAY

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROtary Drive POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY) 1000 APPROP. PERMIT NUMBER 54 G A P 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT NO. 40-94-2202 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

7/7/99
PM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 6/24/99

Name of Installer T.M. Barnard, P. Kelly & Htg.

Telephone 410-461-6599

License Number #7248

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Stepley Homes

Telephone 410-442-2190

Subdivision Pleasant Hills Lot # 3 Well Tag # _____

Site Address 1999 Jongloman Rd.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Arcuzzi
- 3. Model # _____
- 4. Capacity _____ GPM
- 5. Pump exceeds well capacity Yes _____ No _____
- 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

Tank

- 1. Capacity 17gal.
- 2. Pressure relief valve? Yes
- well line 3.5' o.g.
- well casing 1.5' o.g.
- 2pc cap installed
- PVC conduit - OK

Piping

- 1. Type 1" Polyethylene
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 42"

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? Yes

7/7/99
WPS

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Timothy M. Barnard

Date: 6/24/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-0141909

Building Address 1999 Long Corner Rd.

Property Owner's Name JOHN + VALERIE WILLIAMS

MT Airy, MD 21771

Address 1999 Long Corner Rd

Suite/Apt. #: _____ SDP/WP/Petition #: _____

City MT Airy State MD Zip Code 21771

Census Tract 604001 Subdivision Pleasant Hills

Home Phone 201-829-8277 Work Phone _____

Section _____ Area _____ Lot 3

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map AB6 Parcel 5 Grid X22

DAVID A. LOMBARDO
6503 R PARKWAY DR
BALTIMORE, MD 21206

Zoning _____ Map Coordinates 2C13 Lot size _____

Phone 410-254-7360 Fax 254-7601

Existing Use SFD

Contractor Company AMERICAN DECK, INC

Proposed Use SFD/DECK + SCREEN ROOM

Contact Person DAVID A. LOMBARDO

Estimated Construction Cost \$18000.00

Address 6503 R PARKWAY DR, INC

Description of Work CONSTRUCT 20' X 18' X 8' AG DECK
+ 14' X 18' GABLE SCREEN ROOM WITH DECK
+ 25' X 8' CORN

City BALTIMORE State MD Zip Code 21206

License No. 35564
 Phone 410-254-7613 Fax 410-254-7601

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address Same as above

Address _____

City _____ State _____ Zip Code _____

City Same as above State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: _____ Dimensions: _____ Footings: <u>CONCRETE</u> Roof: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Project Mgr
 Title/Company _____

Print Name DAVID A. LOMBARDO
 Date 4/16/09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development	<u>DP16-18-04</u>	<u>[Signature]</u>	<u>[Signature]</u>
State Highways			
Building Official			
Dev. Engineering, DPZ	<u>6/16/09</u>	<u>[Signature]</u>	<u>[Signature]</u>
Health			
Fire Protection			

DPZ SETBACK INFORMATION

Front: 75
 Rear: 60
 Side: 30
 Side St: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 40621

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>10288</u>
Validation #	<u>70273</u>

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

Accepted by [Signature]